

09/601111

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | <i>OK</i> | | 8/18/00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)..... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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